Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3091AGC	A. BUILDING _____ B. WING _____	C 12/08/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSTD LIVING	2205 EAST HARMON AVE. LAS VEGAS, NV 89119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 12/08/08. This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The facility was licensed for 91total beds. The facility had the following category classified beds: 81 Category 1beds and 10 Category 2 beds. The facility had the following endorsements: Residential facility for elderly or disabled persons. Residential facility for persons with mental illness. The census at the time of the survey was 57. Five (5) resident files and 4 discharged files were reviewed. The following complaint was investigated. Complaint # NV18911 Unsubstantiated. The following regulatory deficiencies were identified:	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 673	Continued From page 1	Y 673		
Y 673 SS=A	449.2708(2) Discharge of Resident NAC 449.2708 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his approval pursuant to this section, the facility must provide the resident, his representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to provide the resident's family with a written notice that the resident would be discharged. Findings include: The facility failed to provide a written notice to the resident or her family stating the facility was discharging the resident due to the high level of care that the resident required. Employee #1 stated that a "thirty day verbal notice had been given, but no written notice". Severity: 1 Scope: 1	Y 673		